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## SPECIAL ARTICLES



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Ontario Health Officers' Association

DR. GORDON BATES
Editor

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HON. DR. FORBES GODFREY, M.P.P.
Minister of Health and Labour for Ontario

The Public Health Journal

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# Research on Mental Hygiene

By E. D. MacPhee, University of Alberta, Edmonton, Alberta

THE subject chosen for this paper is so indefinite that it seems advisable to preface it by an introductory statement which will indicate, in outline, the topics to be considered.

The mental hygiene movement has made very considerable progress in Canada. One of the best indications of this is the fact that it does not seem necessary or advisable to submit to the Canadian Public Health Association a plea for the general encouragement of research in mental problems. This paper, on the contrary will point out certain specific lines of research, which are of most immediate moment in the development of a hygiene program. I am sorry to say that my own work in Alberta is so introductory that it is not possible to present to you the conclusions of any piece of research. I shall have to content myself with outlining to you some of the steps now being taken in Alberta to promote Mental Hygiene, and in this connection I shall make more specific reference to the functions which the University will probably assume.

We shall consider, then some specific problems on which nation-wide research is needed at the present time; problems on which we are, as yet, some distance from a final conclusion. May I remind you, at this point that research in mental hygiene is in an unique position. It has evolved in conjunction with the sciences of psychiatry and psychology, neither of which has reached that stage of development which makes it possible to define our problems with definiteness and precision which obtains in the natural sciences. As soon as one starts to investigate the causal factors in some disorder, e.g., dementia praecox, one finds it impossible to proceed until some more unanimity is reached with regard to the

types of disorders which should be grouped under that concept. The specific problem seems to evade definition and isolation. In the second place one must remember that mental hygiene had its origin, in part, in the well-intentioned, but often ill-informed efforts of philanthropists of the last century, and that some of the tenets of mental hygiene are yet untested hypotheses, rather than demonstrable facts.

Let us turn to a few specific examples. We are very far yet from any unanimity as to what is meant by "mental deficiency", "dementia praecox", and other fundamental concepts. The law has a standard for deficiency, and a concept of insanity, which differ at times, quite radically from those which are held by biologists and psychologists. Society at large employs yet a third standard. The fundamental question for us is this:—are these conditions, or more specifically, is mental deficiency a biological concept, solely, or must we introduce other and vaguer concepts, as supplementary to the biological one? As long as there are unknown and unmeasurable elements in our total concept, it is obvious that our diagnosis, prognosia and therapy must suffer. Or let us take an even more concrete question. "Is it true that 'once a mental defective, always a mental defective'?" Such therapeutic measures as are known to-day force us to consider the condition to be almost always irremediable. The sole exception is cretinism, in which condition thyroidine if given early enough, may provide some considerable alleviation. Psychologists hold out no hopes of relief from psychotherapy. A few of the endocrinologisis, notably Sajous, regard mental deficiency as due directly to degenerative disorders in the ductless glands; in large part to an inherited deficient activity of the glands—which results in the breaking down of cerebral neurons and the accumulation of eudogenous toxins. One investigator claims a close relation between idiocy and thymus deficiency. A large number assert that severe disturbance of the endocrine system unfailingly leads to more or less marked criminal, immoral and antisocial behaviour. If these assertions can be justified then we may hope that the biochemist will ultimately be able to remedy many cases of secondary amentia. The same is true of some psychoses. Dr. Lessing of Berlin contends that dementia praecox is a polyglandular eudocrine disturbance; Sajous that it is due to a decreased action of the thymous gland in early puberty.

But as one American has said: "The only note of optimism in gland therapy to-day comes from manufacturers and agents of

glandular products". In the Michigan Training School for Mental Defectives extensive experiments with glandular treatment have demonstrated its failure except in borderline cases. The same conclusions were reached in Vineland, where pineal gland extract was extensively used. All that we may say to-day is that the biochemist must be called in, in the future, to assist in our problem.

2. One of the most important scientific and social problems of to-day is concerned with the relation of alcohol to mental disorders. At the end of last century it was generally accepted that alcohol could and did, in the absence of all other causal factors, produce mental deficiency. The theory of Weismann has been almost universally adopted to-day, and has been interpreted to mean that alcohol could not affect the spermatazoa, and that its action was only in the developing foetus. Let me point out that Weismann stated expressly his opinion that alcohol may damage the germ plasm; an assertion which most students of Weismann have overlooked or ignored, probably because they found it difficult to reconcile the two positions; Weismann himself found no difficulty, and contended that while the spermatazoa might be affected, yet such effect would not be transmitted. Most students of Weismann claim, however, that paternal alcoholism, per se, cannot produce mental deficiency, and the majority subscribe to the position, so clearly enunciated in this country by Goddard, that alcoholism is an indication of a neuropathic diathesis, which of course may be hereditary, and may show itself in the offspring as mental deficiency. Alcoholism is then to be considered, not as a cause, but as an effect of mental deficiency.

Let us look at the history of the problem. Sir Victor Horsley, Dr. Sturge, and Dr. Saleeby in England, Bertholet in Lausanne, and Weichlesbaum in Vienna, all concluded that alcohol could produce hereditary mental disorders. In 1918 the chairman of the Liquor Control Board in England appointed a Committee composed of Professor Sherrington, Sir Frederick Mott, Professor Cushny and Professor McDougall to enquire into the effects of parental alcoholism on the young. They carried out extensive investigations, and concluded that: "These observations and experiments would appear to indicate that parental alcoholism may have a seriously detrimental influence on the stock." They asked, however, that action be deferred until independent investigators had worked on the problem. Stockard working on guinea pigs, MacDowell working on white mice, and Kostitch working on human beings have dis-

covered confirmatory evidence for the thesis of this committee, viz., that alcohol is a race poison, and has a detrimental influence on the offspring.

On the other hand, Dr. Karl Pearson has published a statistical enquiry, in which he reaches the opposite conclusion. Dr. Pearson's investigations are open to serious criticism, and cannot be taken as giving any finality.

Evidently the whole problem of the relation of alcohol to mental abnormality is far from being settled, and it is one on which scientists cannot yet speak with any degree of finality.

3. In the next place we need extensive investigations, carried on over a considerable period of time, to discover whether mental disorders are increasing, and if so, what factors are tending to produce this condition. All hygiene workers are persuaded that there is a constant increase, but are unable to substantiate their belief, because such surveys as are made are too local, and of too brief duration. One fact which affords strong a priori evidence that such a condition should be found is the radical change in our treatment of the social misfits a century ago in England. There were over two hundred offences for which a man might be hanged. I am aware that many judges evaded the law, but the fact remains that then as now, the mentally abnormal were potential criminals, and that the defective strains were in great part eliminated by the stringency of the laws. The present situation is a direct outgrowth of the humanitarian movement; one that could not be foreseen, but one which is, without a doubt, creating a situation for which society has at the present time, no remedy.

Another group of problems arises out of this very situation. Rightly or wrongly there is a popular opinion that sterilization has unfortunate physical and mental effects. The extent of these is unknown to-day, but we must face the fact, that there is a considerable body of public, and even professional opinion against it. This is evidenced in the United States. Legislation allowing sterilization, has been enacted in fifteen states. In five of these it has been declared ultra vires, on the grounds that it was class legislation, inasmuch as it was applicable only to institutional inmates, and that it constituted a second punishment. Further evidence of the antipathy is to be found in the fact that prior to 1921 there had been only 3,233 persons sterilized in U.S.A. for eugenic purposes. About two-thirds of these moreover were in one state. I am not expressing an opinion on the merits of the case; I am simply

pointing out the fact that much research is needed to establish the physiological and mental effects of this process, before the populace can be convinced.

We need to know whether certain social stocks are producing an undue quota of mentally handicapped and mentally diseased. The survey by the National Committee on Mental Hygiene in the Province of Alberta showed that while Canadian born contributed 55 per cent. of the normal expectancy for their incidence in the general population, that the British Isles contributed 150 per cent. and Europe 170 per cent.

The same facts have been discovered in the United States. It may assist you if I present you the facts in tabular form. The population was divided into four groups on the basis of the last national census.

Class A. Native born, both parents native born.
" B. Native born, one parent foreign born.
" C. Native born, both parents foreign born.
" D. Foreign born.

Alongside of these are placed the numbers which each class has contributed to the insane and feeble-minded population thus far discovered. If each group contributed according to its population, the designate would be 100 per cent. or normal. A larger percentage denotes a greater proportion from any class.

| | Feeble-minded | Insane |
|---|---|---|
| Class A. | 88.08% | 64.34% |
| " B. | 198.18 | 124.39 |
| " C. | 174.63 | 106.18 |
| " D. | 32.72 | 239.25 |

Dr. H. H. Laughlin, of Washington, to whom I am indebted for these statistics, draws the following conclusions:—

1. Recent immigration is keeping out the large number of mental defectives (Class A) but is not keeping out the stock which produces mental defective persons (Classes B & C).

2. Immigration is letting in a large number of people who became insane (Class D).

There are considerable differences between the laws of U.S.A. and of Canada with regard to immigration, but we are in dire need of some more detailed information as to the extent to which these conditions are coming to pertain in our own land. One general position seems fairly clear, on the basis of American statistics;

it is evidently impossible to select desirable immigrants on the basis of an individual examination alone, and without reference to the family stock.

Another type of statistical investigation is urgently needed in this same connection. I know that the causes of crime are multitudinous, and that even the causes of suicide are multiform. But one fact stands out very clearly in psychiatry; that a very large number of suicides and attempted suicides are committed by persons suffering from some mental disease. The Canadian Criminal Statistics are the only source of information of which I know in Canada, and they deal of course, only with attempted suicides. They give us absolutely no information on the point of the race incidence of this offense. It is true that they have four or five racial classifications, but they group all continental Europe under one heading. Yet the incidence of suicide in Saxony is four times that of England, six times that of Scotland, and eighteen times that of Spain. These facts mean, I think, two things. We need much more detailed information with regard to the behaviour of the various races who seek admission to our shores, and secondly we need very specific information with regard to the immediate family histories of the applicants.

Let us turn now to the second problem. Here I wish to consider with you, briefly the steps proposed for the solution of some of these questions in Alberta, and shall devote my attention chiefly to the part the University of Alberta proposes to play in this work.

You are doubtless aware that all questions of mental hygiene in this Province come under the direct supervision of the Minister of Public Health. The Province has very excellent facilities for the care of the insane, and has inaugurated a programme for the care of Mental Defectives under the superintendency of Dr. W. H. MacAlister. About a year ago the Senate of the University of Alberta appointed a Committee to enquire into this problem, and to suggest the functions which the University could legitimately and wisely assume in furthering mental hygiene. This committee proceeded with the cognizance and co-operation of the Department of Health, and reported to the Senate in May of this year. This was adopted by the Senate unanimously, and its recommendations may be summarized as follows:—

1. The University should assume responsibility for the educational aspects of the problem, that is to say, for the training of those who are qualifying for special work in one or other of the

various problems of mental hygiene. We are now offering courses in Abnormal Psychology, Mental Deficiency and Neuroses to our third year medical students, and we are proposing to offer a course in Psychiatry during the coming year to fifth year students. This will be followed by clinical work in the sixth year. For two years we have been giving evening courses to teachers in Psychology and Education, a part which entails training in psychometry. As a direct outcome twenty-five city teachers are now being qualified to undertake this work. The industrial aspects of Mental Deficiency are treated in a class in Industrial Psychology. Further we instituted one year ago a class in Legal Psychology, one purpose of which is to familiarize the legal profession with the biological point of view of mental disorders, and thus to bridge the gap which exists between the point of view of many jurists, and of physicians who are called to give expert evidence. The role of mental disorders in the causation of crime is also treated and illustrated with actual case studies.

2. The University will co-operate in every way possible with the officials of the Department of Public Health, and will assist in making provincial or local surveys if requested to do so by the Superintendent of Mental Deficiency. We regard Dr. McAlister as the person on whom the responsibility for this work must fall, and consider that all steps for the forwarding of this cause must be with his full sanction and support. We consider that the Department of Public Health, or whatever governmental body is charged with that problem, is the organization which should correlate all the efforts of the Province in the prosecution of mental hygiene.

3. The Senate has approved of the recommendation for the establishment of an out-patient clinic in connection with the University hospital. If this clinic is established, it will probably undertake complete examinations along the lines which are in use in the Waverley Institution, in Waverley, U.S.A. Cases could be referred to this clinic by physicians, teachers, nurses, judges, supervisors of children's homes and so on. No details are available at present, with regard to this clinic. The University does not consider, however, that it is warranted in establishing travelling clinics.

4. It is expected that the University will offer a six weeks' Summer School Course in psychometry, to be open to practising physicians, advanced medical students, and teachers who possess special qualifications for such training.

5. The University is prepared:—

(a) To undertake the publishing of bulletins on questions related to mental deficiency, and mental hygiene in general.

(b) To undertake extension lectures on mental deficiency, with a view to the education of public opinion on this matter.

6. The presence of a considerable number of graduate students —chiefly school Principals, Supervisors and Inspectors, in the classes in Psychology has provided us with an unusual opportunity for the carrying on of research work in various problems of mental hygiene. We are anticipating some years of thorough research work in psychometry with this group.

In conclusion I wish to indicate yet another task that lies before us in the Province of Alberta, and to state on whom the onus or responsibility seems to lie. There is a great body of field work to be done, and speaking as an individual, I am persuaded that the medical profession and probably the teaching profession are the persons to whom we must look for the primary steps. It is possible that there are in Alberta, already, families who are about to repeat the history of the Kallikaks, the Nams and the Jukes. A friend of mine in Nova Scotia, a physician, drew my attention to a family who are already well on the way to rivalling that dire story. Some one should know of these cases; some one should investigate these cases, and only by the co-operation of all those qualified for the task can we hope to render that immediate service which every mental hygiene problem demands.

# The Schick Test and Active Immunization Against Diphtheria

By Dr. James Roberts, M.O.H., Hamilton, Ontario.

Read at the 1923 Convention of the Ontario Health Officers' Association.

CERTAIN observations which would be accepted with but little reserve by most public health officials who have had experience in dealing with epidemics of diphtheria, may at the outset be made.

(1) There is a steadily increasing case incidence though the case fatality is diminishing.

(2) The morbidity and mortality is high and constant in spite of the almost universal use of antitoxin for curative and prophylactic purposes.

(3) Present epidemiological methods of detecting the mild cases which appear to be so important a factor in the spread of epidemics have fallen far short of being an enthusiastic success so that the statement of Jacobi made in 1884 is still too true.

"The symptoms are often but few. A little muscular pain and difficult deglutition, are all perhaps that is complained of. Women will quietly bear it; men will go about their business. There is as much diphtheria out of bed as in bed; nearly as much out of doors as indoors. Many a mild case is walking the streets for weeks without caring or thinking that some of his victims have been wept over before he was quite well himself."

(4) Present methods of isolating carriers of either temporary or more permanent types have failed in accomplishing the practical results that were to be anticipated considering our laboratory knowledge of the specific organism.

(5) No satisfactory measures have been developed in effecting the disappearance of such casual organisms from the noses and throats of those harbouring them in virulent or avirulent form.

The above considerations which represent, I believe, fairly accurately the present day attitude of sanitary authorities in relation to preventive measures against diphtheria, must of necessity create in the minds of those familiar with the fatalities from this disease a lively and active interest in the possibility of a permanent im-

munization of our child population against it, by the administration as at present advocated of the toxin-antitoxin mixture.

More than a quarter of a century has elapsed since the first attempts to produce active immunity in animals by a mixture of toxin and antitoxin. Previous to this, toxin injections had been utilized for the production of large amounts of antitoxin for use in bringing about a condition of passive immunity as a temporary protection against infection. Ehrlich's experiments on the development of antibodies led up to the work of Behring and Kitasato on the effect of injecting the toxins of diphtheria and tetanus. Animals in which the formation of specific antibodies could be stimulated were found to be immune to these diseases. Following upon this it was found that horses injected frequently with toxin accumulated antitoxin in such large amounts that a few c.c. of blood contained an amount of antitoxin which when transferred to human beings was sufficient to immunize them against infection from diphtheria. Experience has demonstrated that immunity brought about in this way lasts for a period of two or three weeks and can be re-established or prolonged by a second injection of antitoxin, which subsequent injection confers an immunity of a week to ten days.

In certain species of animals the blood contains as a natural constituent substances apparently identical with diphtheria antitoxin. In such animals not only can repeated injections of toxin in moderately large quantity be administered with comparatively short intervals between the injections but the response to the stimulus of the toxin is quickly indicated in the production of large quantities of antitoxin. Animals possessing no natural antitoxin are slow in the making of antitoxin and in addition reveal a marked susceptibility to the poisonous action of the toxin.

The facts above indicated are utilized in a practical way in the choice of animals to be selected for laboratory purposes and are also of some significance in interpreting the results of a repeat Schick test in certain groups of children to whom as a result of a positive finding several months previously, two or three doses of the toxin-antitoxin mixture have been given with the usual intervals between.

To the pioneer experimental work of Ehrlich, Park, Wernicke, Theobald Smith, Von Behring,Hohn and Sommer between the years 1893 to 1913, is due our present knowledge with respect to the active immunization of animals by the use of toxin, while the more recent investigations of Park, Zingher, and Schroeder of New York

regarding natural and active immunity in diphtheria and their studies of the Schick test as a clinical test for determining diphtheria immunity, have aroused widespread interest in the test and the subject of toxin-antitoxin administration as a means of diphtheria control.

The chief difficulty in the prevention and control of diphtheria epidemics has been the detection of so-called carriers and the placing of a reliable estimate on their ability to infect. The possibility of the clinically mild or missed cases has probably been insufficiently stressed by many of the best authorities.

At the time of its original application as a method for the discovery of foci of infection the simple method of swabbing the nose and throat and waiting for a positive or negative opinion from a bacteriologist appeared in the eyes of public health administration the essence of simplicity. Negative findings in contacts indicated absence of danger; positive findings on the other hand necessitated precautions, restrictions, loss of time for longer or shorter periods in the case of persons from whom they were obtained.

These earlier conclusions have in a large measure been disproved by the frequency of the carrier condition and by the distinction which is known to exist between organisms of virulent and avirulent types; such types being culturally and morphologically indistinguishable. During the winter season more than one per cent. of our city populations harbour morphologically typical diphtheria bacilli. In other words there are in my home city during the winter months more than twelve hundred persons carrying such bacilli; in some cases a few days; in others a few weeks. This estimate is very conservative; it will be noted in the 1923 Health Almanac, issued by the Provincial Board of Health, in referring to diphtheria that "At times when there is an unusually large number of cases in a community the carrier rate may run as high as eight to fifteen per cent." To discover and isolate such numbers of persons is manifestly absurd and entirely out of the question. From an administrative standpoint it would be the height of folly to remove a healthy carrier to an isolation hospital during the peak of an epidemic where he would occupy a bed to the exclusion of those needing treatment. A healthy school child who is found to be a carrier may merely have acquired the condition in common with others during a diphtheria outbreak; his bacilli may be virulent or non-virulent; he may or may not constitute a danger to others. It is well to remember also that the results of swabbing

are materially affected by the character of the swabbing and the method of examination in the laboratory. Other limitations in the control of diphtheria and consequent lessening of the death rate are; delay in reporting cases; delay in culturing suspects; failure to recognize seriousness; delay in administration of antitoxin, and complications of the disease.

It is claimed by Park, Zingher and others who have conducted extensive studies and investigations bearing on the value of the Schick test and methods of producing active immunization against diphtheria that the new method of immunizing persons susceptible to this disease promises to virtually wipe diphtheria from the community if the aid of the private physician can be secured. It is therefore to be sincerely hoped that continued experiment both in the laboratory and in the field will result in further endorsation from authorative sources of this definite procedure in the prevention of diphtheria and that it will prove equally effective as vaccination in the control of Smallpox.

## THE SCHICK TEST.

The Schick test is a clinical test by means of which we can estimate the antitoxic immunity of an individual and by which their susceptibility or non-susceptibility to diphtheria can be determined from a local skin reaction. Only those individuals contract diphtheria who possess no antitoxin in their blood or tissues. According to Schick in order to prevent the appearance of the reaction at least 1/30th unit of antitoxin per c.c. of blood is required. He considers this amount will protect against diphtheria.

Experience has shown that the blood of persons recovering from diphtheria or possessing the so-called natural immunity contains not less than 1/30th unit of antitoxin per c.c. Von Behring states that 1/100th unit of antitoxin will protect against diphtheria in uncomplicated cases. Persons with less than 1/30th unit per c.c. of antitoxin in the blood will show a positive reaction when injected with the amount of toxin used in the Schick test. The test consists in injecting into but not under the skin of the flexor surface of the forearm 0.2 c.c. of a freshly made dilution of standardized diphtheria toxin of full strength. Practice is necessary in getting the needle inserted into the proper layer of the skin. As a control a similar amount of the original solution previously boiled in order to destroy the toxin is injected into the opposite arm. The reaction

first makes its appearance at the end of twenty-four hours, but an accurate reading requires the lapse of ninety-six hours. Zingher advises that a final reading of the test should not be made before the fourth or fifth day.

The Schick test readings at the end of twenty-four hours are classified as follows:—by Zingher.

(a) A slight or moderate redness on the right or test forearm with no redness, on the control forearm—*positive.*

(b) No redness on either arm—*negative.*

(c) An area of redness on both forearms equal in size and similar in appearance—*a negative pseudo reaction.*

(d) An area of redness on both forearms but unequal in size, the one on the right side being larger—*a positive combined reaction.* The final readings of the test, at the end of five days were classified into three groups (a) *positive,* was indicated by a well defined red area on the test arm and no redness or pigmentation on the control arm, (b) *negative pseudo,* if a fading brown or reddish brown more or less diffuse area of pigmentation equal in size and of similar appearance was present on both arms, (c) *positive combined* if there was present a typical positive reaction on the right forearm and a faded pseudo like reaction on the left.

Time will not permit in a short paper, a reference in detail to the interesting variations in susceptibility to diphtheria among school children as revealed by the Schick test nor more than a mention of family, race, and environment as factors in the evaluation of results. Park found susceptibility to diphtheria in different age groups in the following proportions:—

| Age. | Susceptible |
|---|---|
| Under 3 months | 15% |
| 3 to 6 months | 30% |
| 6 to 12 months | 60% |
| 1 to 2 years | 60% |
| 2 to 3 years | 60% |
| 3 to 5 years | 40% |
| 5 to 10 years | 30% |
| 10 to 20 years | 20% |
| Over 20 years | 12% |

### Toxin-Antitoxin Immunization.

Active immunity can be induced in more than 95 per cent. of individuals susceptible to diphtheria by toxin-antitoxin injections.

This immunity takes considerable time to reach its maximum. The length of time varies between 2 and 6 months; it is desirable therefore that the active immunization be arranged for as far as possible in periods between epidemics.

Immunization is carried out by the administration of three doses of standardized mixture of toxin and antitoxin each containing 1.0 c.c. at intervals of one week. A longer interval between the injections allows the local reaction to disappear more completely before the next injection is given and elicits a better antitoxin response in some cases. A repeat Schick test should not be made until six months have elapsed after the first series of toxin-antitoxin injections. Those in whom the first series of injections have not produced an immunity should be given a second series of injections. Infants show little or no constitutional disturbance as a result of the toxin-antitoxin administration; children up to ten slight reaction; while children over ten and adults in fifty per cent. of cases show considerable redness and swelling with more or less definite clinical symptoms lasting from twenty-four to seventy-two hours which may require confinement to bed.

Diphtheria toxin-antitoxin contains in addition to the neutralized toxin protein substances derived from the media in which the bacilli are grown and from broken down or digested bacilli. It is the intolerance of the individual to these substances which gives rise in certain cases to excessive reaction. Recently experiments by Park tend to establish the fact that an amount of toxin equal to about one-thirtieth of that in the former preparation used for immunizing purposes gives equally good results with removal largely of these disagreeable reactions. This knowledge should assist materially in popularizing the use of the toxin-antitoxin.

Some practical applications of the Schick test and active immunization in diphtheria prevention may be noted.

(1) The records of isolation hospitals indicate that nurses and others brought into frequent and close contact with diphtheria cases often contract the disease; especially is this the case among younger nurses and those from rural communities who are exposed to the disease for the first time. The Schick test and active immunizing of all susceptibles likely to become exposed should minimize the possibilities of diphtheria occurring among the staff of hospitals.

(2) Park calls attention to 400 cases of Scarlet Fever isolated in a hospital to whom no immunizing dose of antitoxin was given

because of their showing a negative Schick. Not one developed clinical diphtheria although many were carriers of virulent K. L. bacilli.

In the Williard Parker Hospital, New York, 1,200 Scarlet Fever patients were tested of whom 46.3% gave a negative reaction. None of the negative reactors although in contact with clinical diphtheria developing among the positives showed symptoms of diphtheria. Twenty per cent. however became carriers of the K. L. bacilli, which in many cases were of virulent type.

(3) In an orphan asylum at Des Plains, Ill., housing 1,200 children from 3 to 12 years; Dr. C. A. Earle states that more children have been lost from diphtheria during the last thirty years than from all other diseases and injuries combined.

Five years ago the work of immunization against this disease was commenced. Eighty-five cases with seven deaths had occurred in the six months preceding the inception of the work. During the five years there have been five cases in children giving a positive Schick with no deaths. Three thousand six hundred doses of toxin-antitoxin have been given with no unpleasant results other than an arm abscess in two instances.

The history of our own work in Hamilton might be of interest. In January, 1922, a clinic was established in the Health Centre, where suitable facilities were available for such work. Our own bacteriologist, Dr. W. J. Deadman undertook the labor involved assisted by other medical practitioners.

As many as 50 children would attend the clinic in a single day. The attendance of these was the outcome of the daily routine home visits of the public health nurses.

The Board of Education was asked to co-operate, and its consent was obtained to carry on this work in the public schools, and through the help of the school Medical Officer, Dr. J. E. Davey, the work was greatly facilitated.

Dr. Deadman has prepared a report, giving the number of persons treated since the establishment of the clinic in Hamilton; very instructive information is contained in the report which is as follows:

"The initial step taken was a general talk to the teachers of the school on the principles and value of diphtheria immunization. This was followed by the distribution to the children of a descriptive pamphlet and a permission slip. These the children were asked to take home for the information and consent of the parents or guardians. When signed these permission slips were brought back

to school and collected by the teachers and passed on to the Health Department nurse. From these, triplicate rolls were made; the children being grouped according to classes. One roll was kept at the Department, one was sent to the Principal of the school, and one was used for checking at the time of the performance of the test. These rolls were found to be of great value in handling the children, as by this means confusion and delay were reduced to a minimum. I cannot speak too highly of the co-operation and assitance afforded us by the Principals.

On the day decided on for the Schick test a room previously chosen was prepared with due reference to the principles of asepsis. The doctors worked in pairs, one applying the actual test, and the other applying the control test. The arms were in the meantime, being prepared with ether by the nurse. In this way with the services of four doctors and five or six nurses, it was possible to apply the Schick Test to as many as 400 children in a little over an hour. Five days after the application of the Schick Test all the arms were inspected and all those showing positive reactions were given their first dose of Toxin-Antotoxin. For this injection the arms were prepared with Iodine. The remaining two doses were administered at intervals of one week.

In all a total of 1,780 Schick re-actions were performed. Of these 688 or about 40% were positive. Six hundred and seventy-one were given the complete course of three injections, the balance receiving one or two injections. A certain number of the latter will be completed in time. In 41 children a complete course of three injections was given without having a Schick Test. One hundred and sixty-five children under the age of 5 were immunized.

It is interesting to note that the children from the poorer districts gave a lower percentage of positive reactions and especially those from the districts where diphtheria is most prevalent. In one school, out of 203 children, only 36 gave a positive reaction. This is no doubt due to the widespread immunity acquired by frequent contact with the disease.

We have had no serious re-actions following the administration of the Toxin-Antitoxin. We have had three children who gave negative Schick reactions contract diphtheria, one of whom died. We have had one immunized child contract a mild attack of diphtheria. These cases are in my opinion due to infection by a Diphtheria Bacillus of exceptional virulence, against which the immunity present was not quite sufficient.

Dr. Park of New York City in his report on the incidence of diphtheria among 90,000 immunized school children as compared with 90,000 other school children did not find that the incidence was entirely abolished but that it was reduced by 75%, which is really a splendid result.

In conclusion I would like to mention especially the valuable services rendered by Dr. G. R. Farmer, Dr. J. C. MacGregor and Dr. A. T. Eaton, and also Miss Boyd and her staff of nurses without which the work could not have been carried on. I am adding a table showing the number dealt with."

TABLE OF RESULTS.

| Place. | (Over 5 years). Schick Readings. | Positive Schicks. | Completed Treatments. |
|---|---|---|---|
| Murray St. | 99 | 26 | 26 |
| Fairfield | 203 | 36 | 31 |
| Memorial | 465 | 233 | 201 |
| Queen Mary | 363 | 157 | 153 |
| Health Centre 1922-23 | 650 | 236 | 260 |
| | 1,780 | 688 | 671 |
| Children under 5 treated | | | 165 |
| Total treatments | | | 836 |

The number of children who have received the injections up to the present is too small to enable us to draw any conclusions of value. We are outlining plans for undertaking the immunization of children of both school and pre-school age upon the immediate opening of classes in September.

It may be interesting to note that among the total of those receiving treatment, there were 19 reactions worthy of notice. Of these two were local, seventeen general; fourteen reactions were in children over eight years, five in children under the age of eight. All were confined to bed for about forty-eight hours. The highest temperature recorded was 103° F. in a child nine years of age. Symptoms:—rise of temperature, vomiting, headache, languor, and in some cases diarrhoea.

# "Vital Statistics"

BY S. J. MANCHESTER, *Director of Vital Statistics, Registrar General's Department, Ontario.*

IN presenting at a convention of physicians, especially concerned in Public Health, a paper dealing with certain important aspects of Vital Statistics it is scarcely necessary to stress their importance. In public health work, as in any other line of human endeavor it is necessary to know whether our effort is making good or is fruitless. The only method by which an estimate of the degree of success attending our efforts can be made is by an analysis of the results obtained. The only method making an analysis is through statistical data compiled thereon. Statistical data is not compiled to give the central administration of the Public Board of Health only, an index of Public Health progress, but also to be of assistance to the individual practising physician, to show him by results obtained, the route by which efforts on his part, individually, as on the part of the profession on the whole, will obtain the best results, in the light of present day scientific knowledge. This paper is presented for the purpose of bringing home to you once more a realization of your obligations as individual physicians, especially Public Health physicians, in respect to efforts on your part with regard to co-operation for successful compilation, that the resulting information may be correct and available.

I shall not detail further the advantages which accrue from registration of births, marriages and deaths. These are well known, but I should like to dwell particularly for a few minutes on two points. I refer to the Physician's Notice of a Birth and the Medical Certificate of Death.

Under The Vital Statistics Act every physician who attends a birth must give notice of the fact within forty-eight hours to the Registrar of the Division in which the birth occurred. Many physicians do not agree with this requirement, thinking the time for notification too brief or the obligation too compulsory. It is an indisputable fact, however, that when we are left to choose our own time, almost invariably we lapse into carelessness: physicians are no exception to the rule and many fail to give any notice of a birth whatever, when left to their own devices. It has been demonstrated

beyond the shadow of a doubt that without the strict enforcement of this provision of the Act by the Department and its equally strict observance on the part of the practitioner the number of births registered falls far below the number which actually occur.

The object of the Physician's Notice is to notify the Division Registrar that a birth has occurred in his municipality. When the physician has despatched this notice he has done his duty. As physicians and officers of health you are urged to observe this requirement, without exception and without excuse and use your influence with your conferes if you know them to be at all careless.

Regarding the Medical Certificate of Death, I wish to draw your attention to the unsatisfactory causes given in hundreds of cases. These are usually given in cases of sudden death where no physician was or had been in attendance and embrace such statements as "Heart Failure," "Visitation of God," "Natural Causes.," "Respiratory Failure," etc., which are of no statistical value, as they fail to make a definite statement as to real cause. It is presumed that such returns are made because there does not happen to be any visible evidence of a traumatism, foul play or gross pathological condition and yet, such causes appearing on a death certificate usually mean nothing more than that the physician making the return is taking the easy way out of the situation, and gives a cause calculated to allow the burial permit to issue with the least possible trouble. It is human nature to take the easy way, but it is not good business and has a bad effect on the value of mortality rates. You are urged to guard against meaningless expressions in stating causes of death.

Other unsatisfactory causes which your minds might be directed to are "drowning," "death from traumatisms due to firearms," or "to cutting or piercing instruments," "blows," etc. A large number of these are unsatisfactory because not described as homicidal, suicidal or accidental. The physician who fails to describe any of these causes more fully, seems to infer that the cause will be assumed to be accidental unless otherwise mentioned. Enquiry, however, reveals a sufficient number of such cases to be either homicidal or suicidal to make them worthy of proper description in all cases, leaving nothing to be assumed.

"Septicaemia," "Fractures," etc. are also very unsatisfactory unless described as to cause of such septicaemia or fracture.

Still other frequent unsatisfactory causes are "operation," "surgical shock," and also "from anaesthetic." These are entirely indefinite and unsatisfactory—unless the surgeon desires his work

to be held primarily responsible for the death; in which case he might simply sign his name as the primary cause of death!

The disease or form of external violence, should be named in such cases. In the case of deaths of infants under one year of age the cause of death is returned in many instances as "Convulsions" or "Fits," which refer to symptoms and not to causes. Many certificates give the cause of death as "Stomach Trouble," "Dyspepsia," "Indigestion," "Gastritis." The Manual of Classification issued by the English Office objects strongly to such a classification. The Department is compelled to ascertain the real cause in all such cases as well as in those resulting from accident, already referred to.

Wherever pregnancy or parturition has been the cause of death or a contributory cause of death, the fact should be mentioned on the certificate. Diseases resulting from childbirth or miscarriage should always be qualified as puerperal; e.g., puerperal septicaemia, puerperal peritonitis, etc.

The Department, along with Dr. Bell of the Child Welfare Branch of the Provincial Board of Health, is making special investigation into maternal mortality. It is believed that the result of the investigation will show the true death rate from maternal deaths to be from 50% to 100% greater than the rate based on the Medical Certificates issued by the physicians at the time of death. This is mentioned as an example of the manner in which a death rate may be correct or otherwise, showing that it depends wholly on the interpretation of the physician's statement as to cause.

| | Total | Remaining | Reclassified | |
|---|---|---|---|---|
| Septicaemia | 50 | 28 | 22 | 44% |
| Peritonitis | 23 | 17 | 6 | 26% |
| Fractures | 66 | 3 | 63 | 95% |
| Ill defined | 70 | 49 | 21 | 30% |

A word about still-births. There is a growing demand for physicians and others interested in birth rates—infant and mater mortality rates, etc.—for information regarding still-births and attention should be given to the matter. It is a vexing question statistically. No consideration is taken of still-births in any rates of births or of deaths published, although the Department has always endeavored to have as complete a record of still-births as possible. According to the Act "A child which is not alive at the moment of birth shall be deemed to be a still-born child," and a physician who attends at the birth, is required, to issue a Notice of the Birth and a Medical Certificate of Death. The former re-

quirement was more often honored in the breach than in the observance. Up to 1921 there were invariably more still-births registered as deaths than as births. During 1921 this was reversed for the first time. Of the total number of still-births registered 84% were registered as births and as deaths; 9% as births only and 7% as deaths only, a slight excess of still-births registered as births only.

This seems to be a good place to mention viable age or to try to satisfy the enquiry, "when should a premature birth be registered?"

In the absence of any definite rule the Department has made it a practice to consider seven months as viable age. If, therefore, a birth occurs before seven months and is a still-birth, it need not be registered as a birth or as a death. If, however, the child has breathed, it should be considered a birth without regard to period of gestation and treated accordingly.

Regarding Primary and Secondary Causes of Death. These terms seem to be confusing or not understood by a considerable number of practitioners.

By "primary cause of death" is meant (in the case of deaths from disease) the disease, present at the time of death, which initiated the train of events leading thereto, and not a mere secondary, contributory, or immediate cause, or a terminal condition or mode of death.

Acute specific diseases, if of recent occurrences, are to be considered as primary causes of death, even though the actual disease as tested by power of infection, be no longer present at the time of death, e.g. measles (primary) five weeks; broncho-pneumonia (secondary) ten days.

A terminal condition or mode of death should not be entered as a secondary (or contributory) cause. In a very large proportion of instances the statement of the primary cause gives all the information required; in these cases nothing is gained by adding as a secondary cause such a condition as syncope, heart failure, coma, exhaustion, etc. Thus a certificate of pulmonary tuberculosis is not improved by the addition of "exhaustion" as a secondary cause, though if a complication such as "pneumothoras" has supervened this should be noted as a contributory cause of death.

The Department publishes the International List of Causes of Death in a vest pocket form. This list is sufficiently comprehensive to include all causes to be met—and yet not too great to be memorized by use—and if used by medical practitioners conscientiously

—these same practitioners would have, when required, reliable mortality statistics.

One more point. Let me speak of something more personal and which I trust will not injure any person's feelings—I refer to handwriting. Will you please take into your consideration the fact that those whose duty it is to register deaths and those whose later duty it is to check them over in the Department are persons usually not too familiar with the names and synonyms of Causes of Death. Add careless handwriting to this unfamiliarity and error is bound to result. Will you please take this into consideration and write in a manner which you yourselves would be able to decipher three months later, if necessary?

I do not know if you are aware of the fact but, by arrangement with the Federal Government all original returns of births and of deaths are sent to Ottawa for compilation, so that Dominion statistics may be compiled for comparison with other countries. Ontario has, so far, set the pace in vital statistics and in matters of Public Health in Canada and it is desired to make our statistics comparable with and as dependable as any such statistics in the world. It can be done only through the co-operation of our medical practitioners.

In conclusion, what has been said is not said to or for you alone. Will you please bear in mind the points touched on, or as many of them as you can, and pass them on at your county or local meetings in the hope and expectation that better returns will result. I thank you for your attention.

# Ottawa Social Hygiene Council

## Report of Semi-Annual Meeting.

The Ottawa Social Hygiene Council held its first semi-annual meeting at the Chateau Laurier on Friday evening, May 4th, 1923, when about 50 people were present. In the absence of the President, Dr. Chabot, Mrs. J. A. Wilson, vice-president, presided, opening the meeting with a few suitable remarks.

After the reading and adoption of the minutes of the first meeting of the Council, the secretary's report was read by the Hon. Secretary, Dr. G. H. J. Pearson. Much appreciation of this report was expressed by members of the Council present and it was moved by His Lordship, Bishop Roper, seconded by Colonel Irwin and unanimously carried that the Secretary's report should be published in the local press. Dr. Gordon Bates of Toronto, who was present, stated that he would have much pleasure in arranging that the report be published in the Public Health Journal.

The Treasurer's report was then submitted by the Hon. Treasurer, Mrs. H. S. Campbell, a copy of which is attached herewith.

Mrs. Wilson explained that the office of President, owing to the ill health of Doctor Chabot combined with his many professional duties, was now vacant; also that the Council felt it desirable to strengthen the organization by the election of three or four new vice-presidents. She then asked for nominations of President.

His Lordship, Bishop Roper, nominated and moved the election of Rt. Hon. Sir George Foster as President, the motion was seconded by Mrs. Smillie and unanimously carried. There were no other nominations for President.

Mrs. Van Veen nominated and moved the election of Dr. Chabot, Mr. Chas. Hopewell, Mr. J. O. B. LeBlanc, Mr. J. A. Machado, General MacBrien, Sir George Perley and Mrs. J. A. Wilson as Vice-presidents of the Council. The nominations were seconded by Miss Baudry and unanimously carried.

It was then moved by Mr. Machado and seconded by Mr. J. A. Wilson, that the following members should comprise the General Committee: Mrs. Smillie, Bishop Roper, Colonel MacKinnon, Captain Haydon, Miss Baudry, Mrs. VanVeen, General Ashton, Staff-Captain Layman, Mr. W. E. Houghton, Dr. Moffat, Mr. R. A. A. Johnston, Mrs. Kennedy, Mr. H. P. Hill, Colonel Irwin, Mr. Karl

Conger, Mr. R. G. Cameron, Mr. Norman Wilson, Mr. Thomas Blair, Mr. J. J. Allen, Mr. Taylor, Rev. Fr. Paquet, Dr. de Haitre, Colonel Edwards, Judge McKinley; Honorary Secretary, Dr. G. H. J. Pearson; Hon. Treasurer, Mrs. H. S. Campbell; Executive Secretary, Miss Hazel Todd, with power to add. Unanimously carried.

The newly-elected President, Sir Geo. Foster, was then asked by Mrs. Wilson to take the chair. The President then gave a short address expressing his interest and desire to promote the work of the Council and thanked the Council for the honour conferred on him. The President then appointed a Business Committee to be composed as follows:

General MacBrien, Mr. Machado, Mr. J. J. Allen, Mr. T. Blair, Colonel Edwards, Mr. N. F. Wilson, Captain Haydon, Judge McKinley, R. G. Cameron, Colonel Irwin and Mr. W. E. Houghton, with power to add. —Approved.

The President then asked the Hon. Sec'y., Dr. Pearson, to read the programme of work he had prepared for the Council.

Dr. Pearson submitted the prepared programme (included in Secretary's report attached herewith) and asked for further suggestions. Mrs. Wilson proposed that the programme be accepted. Dr. Pearson proposed that this suggestion might be amended to read that the Programme be approved, but referred to the Business Committee for approval of financial expenditures involved. Bishop Roper seconded this amendment and the recommendation was unanimously carried. The motion was adopted. The President then announced that he wished to be considered a member, ex-officio, of all committees in order that he might be quite cognizant of all procedures.

The President then asked Dr. Bates to give an address. Dr. Bates expressed pleasure in being in Ottawa again. He reported progress in other cities and told of the very successful trip he had recently had to New Brunswick with Dr. Heagerty and Mrs. Pankhurst. He gave a description of the drive in Toronto for 5,000 members. He spoke of the necessity for the Social Hygiene Council, the problems to be dealt with and the infinite opportunities. He closed his remarks by congratulating the Ottawa Council on its organization and upon securing Sir George Foster as President.

The President then asked Dr. Heagerty to speak. Dr. Heagerty related several anecdotes pointing out the prevalence of venereal diseases and the necessity for dealing immediately with the problem which he said is growing as rapidly as the drug habit. "Char-

acter, Knowledge and Protection," he said were "the chief factors to be used in solving the problem" and pointed out the necessity for everyone to get together to protect the youth of the country. Dr. Heagerty closed his remarks by paying high tribute to Dr. G. H. J. Pearson, the Honorary Secretary, for the excellent work accomplished in so short a time, as, through his efforts, the Social Hygiene Council was better known in Ottawa than in any other cities except Toronto and Hamilton.

A hearty vote of thanks was moved by Mr. Machado and seconded by Colonel Irwin to Dr. Heagerty and Dr. Bates for all they had done in Ottawa. The motion was unanimously carried. The meeting then adjourned.

HAZEL TODD,
*Executive Secretary,*
Ottawa Social Hygiene Council.

## Semi-Annual Report Social Hygiene Council

OTTAWA, ONTARIO, MAY, 1923.

The Ottawa Social Hygiene Council was formed on September 14th, 1922, when Dr. Gordon Bates, the Federal Secretary, visited Ottawa and met a small number of people interested in the work of the Council. An inaugural meeting was held the next day, and, at a fairly representative gathering, the Ottawa Council was formed, the reasons for and aims of such an organization discussed, and officers elected.

It might be advisable to review briefly the situation which the Council seeks to eradicate and the means necessary to that end. The appalling number of persons infected with syphilis or gonorrhoea, first brought to the attention of the public by war, though such conditions had existed for many years, impressed upon thinking people the necessity of vigorous measures for the extermination of these diseases. The prosecution of such a campaign, as was inaugurated by the Social Hygiene Council of Canada, meant the consideration of various phases of the problem.

First: The situation in regard to those persons already infected. To deal with these, free diagnostic and treatment centres have been established by the Government in the larger cities, where expert advice is available to those unable to afford private treatment. Laboratories have been established that provide, without charge, the more technically difficult scientific procedures necessary to correct diagnosis and treatment. Special efforts have been made to instruct medical men in modern diagnostic methods and treatments. The two diseases have been made notifiable and severe penalties enacted for those who persistently refuse to take the necessary treatment to render them non-infectious. This phase has been dealt with in a very efficient manner by the Federal and Provincial Governments, aided by the medical profession.

Second: The prevention of those at present non-infected from acquiring the diseases. This phase of the campaign is largely educational and has been considered under three aspects:—

(*a*) The situation in regard to the present generation of adults.

(*b*) That in regard to the present adolescent population.

(*c*) The next generation.

For the present generation of adults, educational measures

dealing with the existence and ravages of these diseases, their early recognition and the importance of early and sufficient treatment, a proper understanding of sexual matters, as related to a normal healthy life, and a destruction of the veil of secrecy that has clouded the free discussion of these topics.

For the adolescent, instruction in the anatomy and functions of the reproductive organs, the unnecessariness of incontinuance, a knowledge of the marital state, the necessity of purity in mind and body, and a knowledge of syphilis and gonorrhoea, particularly as to the avoidance of infection and the importance of early and sufficient treatment.

For the next generation, instruction of parents in the upbringing of children, with special emphasis on the importance of proper training in sex matters and the inculcating of reverence for the opposite sex and for sex topics.

Combined with this, the desirability of substituting for many doubtful forms of recreation indulged in at present, proper recreation, normal mingling of the sexes, and a clean, healthy attitude of mind. This second phase is the work that the Social Hygiene Council desires to do.

To acquaint the public with the formation of the Council, a general meeting, which filled the Russell Theatre, was held on December 1st and was addressed by Dr. J. J. Heagerty, of the Federal Department of Health, Mrs. Pankhurst and Dr. Gordon Bates. This was followed in a few weeks by a luncheon given at the Chateau Laurier to about 85 prominent men of the city, and addressed by Mr. Justice Riddell of the Dominion Council and Dr. Gordon Bates.

A large number of organizations were asked to include in their programme a talk by one of our speakers; and to supply speakers for such, a Speaker's Committee was organized. To meet those cases where organizations desired a woman speaker, Dr. Heagerty prepared an outline talk and instructed the women who kindly consented to aid us in this matter as to the proper methods of dealing with the subject.

Over 1,500 people belonging to the smaller organizations have been reached by eight of our speakers in thirty meetings. The Executive desires to thank the Federal Department of Health and Dr. Heagerty, the Provincial Department of Health and Miss Moore, Mrs. J. A. Wilson, Mrs. Hannington of the V.O.N., Mrs. VanVeen, Mrs. Smillie and Dr. McKay for their services in this connection.

As the Executive Committee had become unwieldy it was decided to resolve it into a General Council and appoint a smaller and therefore, a more efficient Executive. A number of the members of the original Executive were elected to compose a Medical Aspects Committee to confer with Dr. Heagerty, Dr. Lomer, City Health Officer, and Dr. de Haitre of the Free Clinic as to the most efficient manner that the Council could assist the Department in carrying on its work. As the assistance at the Free Clinic is inadequate, representations were made to the Red Cross Society for financial aid which they very generously granted to the extent of $1,000, $500 of which was given to the Clinic to pay for adequate help on the condition that at least one night clinic per week be established, for it was felt that there were many infected persons whose occupations prevented them attending for treatment during the day. The other $500 was applied to our educational campaign among the unorganized young men and women. An open meeting for men only, illustrated by a film, had been held in the Regent Theatre in February but was not attended by much success owing to lack of finances prohibiting proper advertising. With the grant from the Red Cross a more extensive advertising scheme was adopted and on Sunday, April 22nd, Dr. Heagerty addressed an audience of about 1,700 young men in the Regent Theatre, nearly half as many more were turned away. On Sunday, May 6th, Dr. Ranger of the Department of Health of the Province of Quebec, gave a French address to another such meeting of about 1,400 and also spoke to the Federation des Femmes Canadiene Francais in the afternoon.

In order that the work might be endorsed by the clergy and important civic organizations, a private showing of one of our films was given in the Auditorium through the courtesy of the Y.M.C.A. to the Ministerial Association and about sixty other men, representatives of various important organizations, and received their unqualified approval.

Altogether over 5,000 people have received instruction through the efforts of the Social Hygiene Council in Ottawa.

It has been decided to distribute free to members of the local Social Hygiene Council all suitable literature published by the Canadian Social Hygiene Council.

The following programme for the next six months has been prepared and submitted to the Executive and approved.

1. Miss Moore for one week with new film and slides for women.
2. Two Exhibits for men only, one English and one French.

3. Exhibit in conjunction with Provincial Health Department at Autumn Exhibition, and possibly at rural fairs.
4. One French and one English meeting for men during the summer.
5. Speakers to be supplied to boys camps during the summer.
6. Arrangements to be made with all organizations to include in next winter's programme one Social Hygiene meeting. Meeting dates to be arranged before the autumn.
7. Arrangements to be made with Trades and Labour Congress to have Social Hygiene on programme at one meeting of each organization next winter and to be included in Workingmen's educational course.
8. Arrangements to be made with technical school for inclusion of one Social Hygiene talk with Home Nursing Class, and, if possible, with other classes.
9. Arrangements to be made with Medico-Chir, for one meeting on syphilis and gonorrhea, illustrated with either slides or films and covering diagnosis, treatment and public health aspects.
10. Arrangements for lecture on V.D. to each training school for nurses.
11. Arrangements to reach young men and young girls employed in stores and factories, etc.
12. A Committee on Medical Aspects to work out, with assistance of clinics, methods of reaching young girls and young men already diseased and their friends.

It was decided to appoint a programme committee, who, during the summer would consider a definite plan of campaign for the coming winter, this plan of campaign to be submitted at the next semi-annual meeting. To assist them the Hon. Secretary desires to offer the following suggestions to be included in next winter's work:—

1. Courses of six introductory studies on Social Hygiene.
2. Three men's meeting in French and three in English.
3. Two exhibits for men only.
4. One large general meeting.

There have been several hindrances which have prevented a more efficient working of the Council, namely, the incompleteness of the organization and the lack of funds. For some time the Council laboured under the disability of having no full-time secretary, but with the appointment of Miss Todd a very much greater measure of efficiency was obtained; this appointment was financed

through the kindness of the Dominion Council. Dr. Bates has kindly consented to endeavour to remedy the other two disabilities mentioned, and it is believed that by following the scheme he has evolved the Council will be able to do justice to this work. Might I recommend to the Federal Executive that when a new Council is formed in a community, someone with experience in organizing, such as Dr. Bates, remain in that community for a week or ten days to build up the primary organization? In this manner others may not suffer the same inconvenience that the Ottawa Council has.

The Executive desires to thank the Red Cross Society and the Messrs. Southam for generous subscriptions and co-operation; Col. Parkinson of *The Journal;* Mr. Gautier of *Le Droit;* the editor of *Le Courier Federal;* Mr. Gordon, of the Chateau; the Local Council of Women; the management of the Regent and Francais Theatres; the Levey Sign Co.; Mr. Hutchinson of the Y.M.C.A.; Mr. Pennock of the Post Office; Mr. Peck, Dept. of Trade and Commerce; Major Topp; Miss Hall, Patriotic Fund; Bank of Montreal, Hull; Bank of Montreal, corner Somerset and Bank Streets; J. A. LaRoque, Bank National, Dalhousie and St. Patrick Streets; Mayor and citizens of Hull; with many other citizens of Ottawa who have generously assisted and co-operated.

The above report is respectfully submitted for the approval of the Council.

(Signed), G. H. J. PEARSON, M.D.,
Hon. Secretary O.S.H.C.

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## OTTAWA SOCIAL HYGIENE COUNCIL.

### REPORT OF TREASURER—SEMI-ANNUAL MEETING.

May 4th, 1923.

RECEIPTS.

| | |
|---|---|
| 72 General Membership fees | $ 73.00 |
| 5 Sustaining Membership fees | 25.00 |
| Collections at two public meetings | 134.10 |
| Cheque from Dr. Bates | 119.43 |
| Ottawa Red Cross Society | 500.00 |
| The Southam Brothers | 300.00 |
| Mr. A. C. Ross, of Ross-Meagher Co. | 20.00 |
| Total receipts to date | $1,171.53 |

EXPENDITURES.

| | |
|---|---|
| The Modern Press, 3 accounts | $ 84.10 |
| Ottawa Electric Railway, for card space twice | 14.00 |
| Journal and Citizen, advertising coming events | 8.80 |
| To Dr. Pearson for sundry accounts paid by him | 45.15 |
| Miss Todd for petty cash, 4 cheques | 55.00 |
| To Regent Theatre for two meetings | 50.00 |
| The Levey Sign Co., poster | 3.50 |
| Sampson Office Service, for printing | 2.20 |
| Treasurer's book, 2 receipt books and stamps | 4.40 |
| Total expenditures to date | $267.15 |
| Leaving a balance in the Treasury of | $904.38 |
| Total expenditure | 267.15 |
| | $1,171.53 |

Outstanding accounts about $300.

(Signed), MARTHA H. CAMPBELL,
Honorary Treasurer, O.S.H.C.

# Recreation for Women and Girls

BY MISS A. F. HODGKINS.

(*Continued from July issue*)

It behoves the state, the employers and the public-minded citizens to take an interest and some worth-while action in this matter. We should have dormitories in larger numbers, built on a small scale that they may be as near like a home as possible, and where the person in charge will have an opportunity to know her girls.

Furthermore, rooming houses should be licensed, and regularly inspected to prevent overcrowding, poor sanitation and immoral conditions.

Another situation that concerns us is the condition under which the girls and women work. The great mass of girls work in homes, or in factories where the work for the most part is drab and monotonous. Thousands of the girls in factories spend their days performing the same operation over and over again for 8 to 10 hours, as the case may be. Arthur Pound, the author of the "Iron Man," tells a pathetic story illustrating the specialization in industry today, especially in the automobile industry. As the chasis moved along the ways in the automobile factory, each worker was given so many seconds to add his part. An old man who for many years had been accustomed to adding a half turn to part No. 87, lay dying, and when his family asked him if he had anything to say, replied: "Well, I suppose it's too late now, but all my life I've wanted to give the other half turn to part 87 and finish the job." Even the common man desires to see his work completed. There is no chance for initiative in the modern factory, the mass of people are only feeding machines, and as soon as a machine can be invented to take their place they will have to seek other fields. Edison says that the day is not far distant when we will put the cotton into one end of the machine and the finished garment will come out the other with buttons all sewed on.

With each improvement in machinery production is speeded up and the hours of work become shorter and shorter, which means of course more leisure. What are we going to do with this increased leisure. As one authority cites the case, "the problem of the 20th century is not the creation of wealth, the 19th century has taken care of that for us, neither is it the conservation of natural re-

sources or the distribution of wealth for these are not possible without an educated people. Our problem is the proper utilization of the leisure time of the people for only in that way will it be possible to produce an educated people capable of solving these vast problems. What are we filling our leisure time with at present? Again we quote Arthur Pond who says, "For want of facilities and training in play we are in danger of becoming a nation of bleacherites. Like Greece and Rome in their decline, we sit and gaze upon the professional athlete in the arena and the professional dancing girls on the stage. Vespasian built the Colisume that all Rome might bleacherite, and three hundred years later the barbarian hordes crashed through to sack a dissolute Rome." We must attemp to solve this leisure time problem for our workers in two ways, first by seeing that the girls work under ideal sanitary conditions, in well heated, well lighted, and well aired rooms, so that the girl finishes her work with a minimum of fatigue, for the tired girl with jaded nerves craves only the most exciting kind of recreation. Second, we must provide for the leisure hours of the worker by having the playgrounds lighted at night and supervised. The school centres open where the girl may learn all kind of trades, like millinery, dressmaking, designing and so on, and have an opportunity of attending the gym and swimming pool, and indulging in the interests that were formed in childhood. Industrial concerns are coming to see that it is worth considerable to production that the workers have proper recreation provided, and many have established clubs and camps to care for their employees winter and summer. Primarily, I believe that the problem of establishing recreation facilities for young and old is essentially a city problem and should be as much a part of the city budget as the streets department. We should have city dance halls run and supervised by the city, not private persons, whose first consideration is the monetary gain not the morals of their patrons. Let us not make the mistake of devoting all our thoughts to the girl outside, the girl in our house, the maid is of primary consideration. The fact that Dr. Bates tells us in his report that 41% of the girls who went wrong were domestics, points to a lack on some one's part. We need home missionaries in this field as in every other.

I hope I have not seemed to deviate too far from the subject of Social Hygiene. I have tried to tell you some of the factors which I have found to have done much in preventing our youths from going wrong. In our enthusiasm to cure these horrible diseases may we not forget to spend some of our time, and money in protecting those

who have thus far not stepped aside from the path of virtue. We must not reach the place where the good boys and girls appear uninteresting, let us bend some of our energies to keeping them clean and good.

Lastly, what would a programme of recreation such as I have briefly sketched cost? We're always so concerned about the dollar these days, especially when it applies to any preventive or curative measure. We seem to have enough money to spend on everything else. In the United States, we are spending at present about $10,000,000 a year on playgrounds and recreation centres, or .10 per capita. Curtis estimated that a system which would be at all adequate would cost about ten times this amount of $1.00 per person. Against this figure we are spending nine hundred million on tobacco, two billion on alcohol, and crime costs us six hundred million. Jay Nash, the recreational director of Oakland, California, furnishes us with these figures for the cost of commercial recreation: Movies. 30, baseball .35, dances $1.50, pool .60, bowling .75, theatres $1.25; for similar periods these are the figures for play: Tennis .7, baseball .8, swimming .10, volley ball .3, golf .25, drama .4, apparatus play .1. In Oakland they are spending .34 for playgrounds, .36 for parks per capital as against $21.85 for commercial recreation, and $12 per capital for the prison system. Surely these figures give us something to thing about? No wealth or science can save a people from decline when the amateur spirit has gone completely to seed. Are we in danger?

# News Notes

The Canadian Social Hygiene Council have undertaken a new species of summer propaganda in Northern Ontario, during the summer months. Three speakers, Mrs. Emmeline Pankhurst, Mrs. R. A. Kennedy, President of the Ottawa Women's Club and a member of the Executive of the Ottawa Social Hygiene Council, and Miss Estelle Hewson, Secretary of the Social Hygiene Council for the Province of Ontario, have started out in a Ford car, planning to cover approximately fifteen hundred miles and to deliver lectures and distribute literature in a large number of places. Reports have already been received which would seem to indicate that the tour is meeting with marked success. Addresses to date have been given in: Barrie, Severn Bridge, Bala, Royal Muskoka Hotel, Lake Rosseau, Monteith House, Parry Sound, Huntsville, Magnetewan, Sundridge, Powassan, North Bay, Little Current, Mindemoya, Sault Ste. Marie.

It is hoped that a full description of the tour will appear in an early issue of THE JOURNAL.

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Dr. F. G. Banting will officially open the Canadian National Exhibition on August 25th, 1923.

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The Canadian Council on Child Welfare meets in Winnipeg on September 11th, 12th and 13th.

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The Canadian Social Hygiene Council is planning an extensive campaign during the coming Fall and Winter. There are now about fifty branches of the Canadian Council in existence.

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The Ontario Board of Health will have an attractive exhibit this year at the Canadian National Exhibition. The central idea of the exhibit will be the health of all the members of the family, and how the various Divisions of the Provincial Board are contributing to the health and welfare of infants, children wage-earners and the general public.

One of the booths will visualize a family group at home—healthy and happy, and the other booths will show the individual efforts being put forth to maintain good health among all classes of the community.

The whole exhibit will be well worth one visit or many.

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Dr. G. C. Brink, late of the D.S.C.R., has recently been appointed Clinical Specialist in Tuberculosis to the Provincial Board of Health, Ontario.

It is the intention of the Board to have a travelling clinic, which will materially assist doctors throughout the Province in the early diagnosis of tuberculosis.


# The Provincial Board of Health of Ontario

In the matter of an application under the Public Health Act (Chapter 218, R.S.O., and Amendments), by T. L. McRitchie, M.D., M.O.H. for the City of Chatham, before Ward Stanworth, Esq., County Court Judge, in Chambers.

## DECISION.

Section 52 of the Act provides: "Where a Medical Officer of Health claims that the salary paid to him is not fair and reasonable, he may apply, etc., for an order allowing his claim and fixing the amount payable to him as salary or remuneration," and this hearing came on before me on June 27th.

After hearing all the witnesses, and evidence adduced by the solicitor for the Medical Officer of Health and the solicitor for the City of Chatham, I find as follows:

That the duties of the Medical Officer of Health for the City of Chatham have been increasing from year to year during the late period of years. I find that the regulations under the Public Health Act have been increased and the duties performed by the Medical Officer of Health by reason of these new regulations and changes in the Act, have become more onerous, and greater responsibility rests upon him for the duties so performed. The evidence of the Medical Officer of Health was that it takes nearly half his time in the performance of his duties, and the witnesses called, Dr. McCullough, Provincial Chief Officer of the Department of Public Health for Ontario; Dr. Bell, Medical Officer for the Township of Raleigh; Dr. Fred Hall, Medical Officer for the Township of Dover; Dr. Reed and Dr. Rutherford, all verify the statement of the Medical Officer of Health.

There was filed with me a list of all the cities in the Province of Ontario and the salaries paid their Medical Officers of Health, with the general expenses of the Board of Health and the population of each place. A comparison of this shows that the Medical Officers

of Health at Owen Sound, Belleville, Sarnia, Stratford, Niagara Falls and Guelph receive a smaller sum than eight hundred dollars a year, the amount being paid by the City of Chatham, while on the other hand, cities such as St. Thomas, Kingston, St. Catharines, Woodstock, Peterborough, Galt, Welland and Kitchener, cities about the same size as the City of Chatham, all pay more than the sum of eight hundred dollars. The tendency seems to be moving in the direction of increasing the responsibility of the Medical Officer of Health and therefore the remuneration should be greater. It is also pointed out and admitted by all doctors, that the position of Medical Officer of Health injures a doctor in the practice of his profession. The duties that he has to perform, of quarantine and condemnation are certainly unpopular to those affected and it is generally conceded by all the witnesses that this affected a doctor in regard to his income and injured his practice.

It is difficult for anyone to fix the exact remuneration for such services, and it is hard to say just the exact time required for such duties aside from his regular practice. It may vary some days to the greater part of the day while others it may require very little of his time. The Medical Officer of Health has, as an assistant, a sanitary inspector who works with him, and taking all in all, it is very difficult to fix the remuneration in a lump sum. It was urged by counsel for the City that the office should be just what anyone else would take it for. I think this is hardly fair. The Act allows a City to appoint a Medical Officer of Health and allows them to fix his remuneration, if acceptable to the Medical Officer of Health, and if not, then he has a right to apply to the County Judge to fix a fair and reasonable remuneration. It is urged also that the council should have the right to remove the officer if he is not satisfied with the salary, but the Legislature has, apparently with wisdom, provided that the removal of the Medical Officer of Health cannot be effected except with the approval of the Provincial Officers, and perhaps this is wise in view of the fact that the Medical Officer of Health might have to quarantine members of the council or persons who make his appointment, and as this is unpopular, these same parties might at once ask the council and bring it within the province of local politics for his removal. The Legislature has seen fit to protect him from this and protect the public from such conduct. However, this may be, I cannot take this into consideration. My duties are to examine the evidence and the facts surrounding all the circumstances and say what is a fair and reasonable remuneration.

I therefore find, after considering the duties of the Medical Officer of Health for the City of Chatham and the work done by him, and the evidence adduced on his behalf, and after looking at the comparison of Chatham with all other cities of or about the same size, I order that a fair and reasonable remuneration would be the sum of Twelve Hundred Dollars ($1,200.00). The increase to commence from the 1st July, 1923.

(Sgd.) WARD STANWORTH,
*Judge, County Court, Kent.*

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## Free Distribution of Insulin

THE NEW REMEDY FOR DIABETES.

The Minister of Health and Labour, the Hon. Forbes Godfrey, has authorized the following plan for the free distribution of Insulin, which is now being manufactured on an adequate scale by the Connaught Laboratories of the University of Toronto.

Insulin will be distributed free, on and after September 1st, to all patients certified by their physician as being unable to pay for the remedy. The physician will order Insulin as required from one of the eight Laboratories of the Provincial Board of Health, located at—Fort William, Sault Ste. Marie, North Bay, Owen Sound, London, Toronto, Peterborough, Kingston and Ottawa. These Laboratories will be in a position to undertake, for local physicians, any necessary laboratory work in connection with the control of the administration of Insulin. There are now about 600 physicians, who have taken a short course of instruction on Insulin treatment, given by the University and the Toronto General Hospital, and in case of emergency, any physician who is not entirely familiar with the details of the treatment, may secure the assistance of an officer of the Provincial Board of Health, who will be prepared to undertake the necessary laboratory work, for those patients who are unable to pay for Insulin.

By direction of the Minister, the Provincial Board of Health, is preparing a circular, which will be given to physicians, outlining in detail, the plan of free distribution.

## Communicable Diseases Reported for the Province for the Month of July, 1923

COMPARATIVE TABLE.

| | 1923. | | 1922. | |
|---|---|---|---|---|
| *Diseases.* | *Cases.* | *Deaths.* | *Cases.* | *Deaths.* |
| Small-pox | 14 | 0 | 40 | 0 |
| Scarlet Fever | 243 | 4 | 157 | 5 |
| Diphtheria | 225 | 24 | 159 | 17 |
| Measles | 1,412 | 11 | 890 | 7 |
| Whooping Cough | 208 | 20 | 79 | 3 |
| Typhoid | 58 | 8 | 92 | 7 |
| Tuberculosis | 188 | 108 | 144 | 101 |
| Infantile Paralysis | 2 | 1 | 3 | 0 |
| Cerebro Spinal Meng't's | 5 | 3 | 6 | 5 |
| Influenza | 13 | 7 | .... | 4 |
| Pneumonia | .... | 47 | .... | 85 |
| Syphilis | 87 | .... | 143 | .... |
| Gonohhhoea | 127 | .... | 121 | .... |
| Chancroid | 1 | .... | 6 | .... |

# Notes on Current Literature

FROM HEALTH INFORMATION SERVICE, CANADIAN RED CROSS SOCIETY.

*Hygiene and Home Nursing.* Bulletin No. 3 of the Junior Red Cross in Canada outlines course in hygiene and home nursing for adolescent members of the Junior Red Cross. Copies of this bulletin may be obtained from the Headquarters of the Canadian Red Cross or from any of the Provincial Divisions of the Society.

*The Saskatchewan Nursing Housekeeper.* A pamphlet descriptive of the course for Nursing Housekeepers, conducted by the University of Saskatchewan in co-operation with the Saskatchewan Red Cross and the Saskatchewan Registered Nurses' Association. Copies of this pamphlet may be obtained on application to the Saskatchewan Red Cross, 2331 Victoria Avenue, Regina, Sask.

*Summer Diarrhoea of Infants.* During the summer months, cholera infantum is the cause of the death of more babies than any other disease. Dr. V. C. Vaughan's data are undoubted proof that in about six cases of seven, the death can be traced to the mother's inability or voluntary failure to nurse her child. "Hygoia," June, 1923, page 145.

*A Talk on Germs.* This is the second of Dr. Kleinschmidt's health talks to children, the first of which appeared in the September issue. The unanimous appreciation which met the publication of the first talk is one more proof of the fact that the health teacher, like the conjuror, needs to fascinate his audience if he would be successful. "The World's Health," January, 1923, page 22.

*Indices of Nutrition.* The application of certain standards of nutrition to 506 native white children without physical defects and with "good" or "excellent" nutirition as judged from clinical evidence. "Public Health Reports," U.S.P.H.S., June 8th, 1923, page 1239.

*The Story of Insulin.* "The Journal of the American Medical Association," for Junt 23rd, 1923, contains a special article by the Insulin Committee of the University of Toronto describing the action, value and manufacture of insulin.

*What is Tuberculosis?* A popular article by Dr. Edward R. Baldwin, Director of the E. L. Truleau Foundation, Saranac Lake, N.Y. "Michigan out-of-Doors," May, 1923, page 6.

*Control of Tuberculosis.* The prevention and control of tuberculosis in Philadelphia. "Monthly Bulletin of the Department of Public Health of the City of Philadelphia," March, 1923.

*School Nurses and Tuberculosis.* The duties of a school nurse in a tuberculosis programme with directions for selecting children for special examination. "The Public Health Nurse," June, 1923, page 310.

*Psychology and Public Health.* The application of psychology to child hygiene, industrial hygiene and other forms of public health work. "Public Health News," May, 1923, page 416.

*Mental Hygiene in Industry.* The practice of mental hygiene as seen by an industrial physician. "The Journal of Industrial Hygiene," May, 1923, page 1.

*Safe Milk for Cities.* Requisities of a safe milk supply for cities are described in a group of four articles in "Health News," April, 1923.

*Sex Education.* Recommended principles of sex education as advised in the recent report of the National Birth Rate Commission. "The Medical Officer," May 19th, 1923, page 242.

A new Edition of "The Canadian Mothers Book" has been published by the Federal Department of Health. Copies may be obtained free on request from the Deputy Minister, Department of Health, Ottawa. Mention whether the English or French edition is desired.

*House Sanitation.* The Dominion Department of Health has issued a pamphlet on sewage treatment for isolated houses and small institutions where municipal sewage system is not available. Copies may be obtained free on request from the Deputy Minister, Department of Health, Ottwa.

*Deaths in Early Infancy.* The past twenty years has witnessed a reduction of 50 per cent. in infant mortality. Most of this reduction is due to better baby feeding. Deaths during the first month of life show no reduction and cannot be expected to decrease until we have better prenatal care. Dr. Louis I. Dublin, in "The American Journal of Hygiene," May, 1923, page 211.

*Infant Mortality.* A statistical report of infant mortality during 1922 in cities of the United States, issued by the American Child Health Association.

## CANADIAN RED CROSS REPORTS.

The following Provincial Divisions have recently issued reports on the work of the past year. Copies may be obtained on application to the Divisional Office:—

*British Columbia*—626 Pender Sa. W. Vancouver, B.C.

*Nova Scotia*—63 Metropole Building, Halifax, N.S.

*Manitoba*—187 Kennedy St., Winnipeg, Man.

# Book Reviews

*"Personal Hygiene Applied.* By Jesse Feiring Williams, A.B., M.D., Associate Professor of Physical Education, Teachers' College, Columbia University. Cloth. $2.50 net. Pp. 412, with illustrations. Philadelphia: W. B. Saunders Co., 1922.

This book presents a comprehensive survey of health in education and education in health designed for intelligent readers, such as college students. The different phases of the health problem are dealt with in the first five chapters. The remaining ten chapters explain the methods of prevention of specific diseases and the special hygiene of the various parts of the body. The book is reliable and well illustrated.

*"Rest and Other Things.* By Allen K. Krause. Cloth. $1.50. Pp. 159. Baltimore: Williams & Wilkins Company, 1923.

A series of plain talks on tuberculosis problems. These should be of interest to tuberculosis workers, nurses, public health and social service workers.

*Environment and Resistance in Tuberculosis.* By Allen Krause, A.M., M.D., Associate Professor in Medicine and Director Dows Tuberculosis Research Fund, Johns Hopkins University, etc., Small 8vo., 137 pages. Baltimore, 1923: Williams & Wilkins Company. Price, cloth, $1.60.

The subtitle describes this little book as a presentation of the nature of environment and resistance and their relation to the pathology diagnosis, symptoms, and treatment of tuberculosis. The two essays are revisions and elaborations of articles appearing in the American Review of Tuberculosis. We are delighted that Krause has acceded to the wishes of his friends that these appear in book form. This with the companion volume *"Rest and Other Things,"* just published, uniform in size and price will interest the physician, the student, the public health worker and the layman, in that they present a summary of our present-day knowledge upon the subjects discussed. Krause has the happy faculty of interpreting the results of investigation, observation and experiment in such a way as to make the subject clear and to point out the practical application of these observations. His wide clinical experience, his

intensive laboratory training, his prolonged and searching experimental investigations, his wide knowledge of the literature, his social and economic studies, his qualifications as teacher, editor and author, make these essays not only readable but intensely interesting. His conclusions and teaching may well be made the basis of all teaching at the present time concerning these aspects of tuberculosis.

The essay on Resistance is a modern classic which no tuberculosis worker or student can afford to miss reading. It is a clear presentation of the modern conception of resistance in tuberculosis. It explains infection from without and spread from within. Immunity, allergy, reinfection, tuberculin sensitiveness are all discussed in the author's inimitable style.

Your reviewer has not written a review. He has made an attempt to valuate the book and expresses the hope that every tuberculous worker may read it and its companion volume.

# Editorial

## THE HON. DR. FORBES GODFREY.

IT is with pleasure that THE PUBLIC HEALTH JOURNAL announces the appointment of Dr. Forbes Godfrey, well-known physician and member for West York in the Ontario Legislature, to the important Cabinet post of Minister of Healh and Labour in the new Ferguson Government. Dr. Godfrey needs no introduction to the public health world, but in view of the importance of his new appointment this brief reference is perhaps appropriate.

Dr. Godfrey was born in the township of York, Ontario, in 1868, the son of the Rev. Robert and Mary (Elliott) Godfrey. He attended Owen Sound Collegiate Institute, graduated from the University of Toronto with the degree of M.B. and also holds degrees from Edinburgh University where he was General Proficiency Medalist and from Glasgow University. He has practised in Mimico and has been Terminal Surgeon of the G.T.R. there for eighteen years. He married Miss Mary M. Carson, daughter of James Carson, of Newbridge, Ontario, who, surveyed the site of the present City of Winnipeg in 1894.

The new Minister has taken an active part in politics for a number of years. He was first elected member for his present constituency, West York, in 1907 and was re-elected in 1908, 1911, 1919 and 1923. He has always been an outstanding figure in the Legislature, has had the courage to stand up for his convictions on all occasions and has been unique among most doctors in parliament in that he has consistently and repeatedly used his medical knowledge on the floor of the House in the interest of measures making for health. An outstanding example of this has been his advocacy of Bills designed to control feeble-mindedness and for medical examination before marriage.

While the new Minister has undertaken responsibilities which are heavy, there will be a general feeling that he is eminently fitted to grapple with the important problems which will come under the control of his department.

Dr. Godfrey has vision, enthusiasm and convictions. This, combined with scientific training and medical experience, will make it possible for him to achieve much in the public health field in

Ontario which has been hitherto impossible. The citizens of the province will look forward with confidence to the announcement of a policy which will put public health where it belongs—at the very forefront of the most important measures advocated by the Government.

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On another page appears the first announcement issued by Dr. Godfrey as Minister of Health. This has to do with the free distribution of insulin to needy diabetic patients in Ontario through the laboratories of the Provincial Board of Health. Such action means that Ontario leads in being the first Province to make insulin treatment of definite value to citizens generally instead of to the few who are able to pay for this somewhat expensive remedy. Public money expended in such a way for the saving of human lives is well spent. The Minister's action augers well for the future.

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## THE LATE DR. GORDON BELL.

PUBLIC HEALTH WORKERS in all parts of Canada will be shocked to hear of the death of Dr. Gordon Bell, of Winnipeg. Dr. Bell, in his long career of public health work made a lasting name for himself in the history of public health in Canada. He will be remembered not only for his professional work but for a personality which made friends for him in all parts of the Dominion.

From the Toronto *Globe*:—

"Winnipeg was bereaved on August 8th of one of its finest and most widely respected medical men in the death of Dr. Gordon Bell, who since 1896 had been Provincial Bacteriologist for Manitoba. Dr. Bell was a native of Pembroke, Ontario, where he was born 60 years ago. He was educated at the Pembroke Collegiate Institute, the University of Toronto, and the Manitoba Medical College. From 1890 until 1893 Dr. Bell was Superintendent of the Brandon Hospital for the Insane, retiring to become a specialist in eye, ear, nose and throat work. Although he forsook medical practice in 1896 to become Provincial Bacteriologist, he was continually called to the assistance of Winnipeg physicians in the capacity of consultant, and in this way had a wide field of service.

Dr. Bell was very active in advancing preventive medicine in Manitoba and was largely responsible for the founding of the Manitoba Sanitarium, serving on the Executive of that institution up to the time of his death.

Winnipeg medical men, interviewed by the Manitoba *Free Press*, spoke in the highest terms of their departed colleague, while fine tribute was paid Dr. Bell editorially in The *Free Press*.

Thousands publicly showed their admiration for the doctor on August 13th, when an impressive funeral service, conducted by Rev. Dr. F. B. DuVal, was held in Knox Presbyterian Church. Floral offerings were sent by various organizations with which he was connected, including the University of Manitoba and Medical College faculties, alumni and students, the Provincial Government. the Manitoba Medical Association, and the Winnipeg General Hospital.

The deceased physician is survived by one son and one daughter. Several relatives reside in Toronto."

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## THE TREVETHIN REPORT.

A VERY interesting report has just been brought in to the Ministry of Health in Great Britain by the Committee of Inquiry on Venereal Diseases, under the Chairmanship of the Right Hon. Lord Trevethin. This committee was given instructions as follows:—"To consider and report on the best medical measures for preventing venereal diseases in the civil community, having regard to administrative practicability, including cost."

The committee had twenty-eight meetings and have brought in an extensive report which will unquestionably do a great deal to put an end to the unfortunate controversy which has arisen between the National Council for Combating Venereal Diseases and the National Society for the Prevention of Venereal Diseases on the matter of Prophylaxis.

While there are a number of Sections of the Report which are of interest, several have a distinct bearing on the controversy. Section 32 reads as follows:—"We think that properly and promptly applied disinfection in the case of an individual man would almost certainly prove effectual, but that so far as the community at large is concerned no sufficient case has been made to justify the introduction at the public expense of a general system of facilities either for self-disinfection or skilled disinfection, and wherever there is a limited amount of public money available, we have no doubt that the money spent on

(a) treatment of disease;

(b) continuous education of the community in regard to the nature and dangers of venereal disease and the importance of seeking prompt and skilled treatment; and

(c) the elimination of those conditions of life which tend to foster promiscuous intercourse and the spread of disease

will be money better spent than any money expended on establishing a general system for affording facilities for disinfection."

The Report also says that the law should be altered so as to permit properly qualified chemists to sell disinfectants, provided such disinfectants are sold in a form approved and with instructions for use approved by some competent authority. The Report advises against the advertisement of such disinfectants.

Other sections of the Report deal with the desirability of making patients who can afford to pay for treatment do so, and with notification. The Report states that in view of the importance of encouraging attendance of patients for treatment no compulsory step can be taken to secure payment and also adds that a modified form of notification is undesirable because of the fact that such a system tends to deter rather than encourage attendance.

The matter of payment on the part of clinic patients, one which deserves consideration everywhere and is being gravely discussed in Canada and United States, is also taken up.

With the finding of the Lord Trevethin Committee on the matter of notification health authorities in Canada will be inclined to disagree. Every Medical Officer in charge of a Venereal Disease Clinic, who has had any experience with the working of Venereal disease legislation will feel that without the aid of such legislation the proper running of his clinic and proper follow-up work, would be impossible.

The important feature of the British Report, however, is the fact that it seems to settle the controversy between the two societies. Both have passed resolutions approving of the findings of the committee and there is no doubt that in the future the two organizations will be enabled to work together towards the important end that Venereal Diseases may be eliminated.